

CLAIMS ONLY							Application Number 10043027	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51		
2	/					52		
3	/					53		
4	/					54		
5	/					55		
6	Cancelling					56		
7						57		
8	/					58		
9	/					59		
10	/					60		
11	/					61		
12	/					62		
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42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	/					Total Indep		
Total Depend	22					Total Depend		
Total Claims	23					Total Claims		